

Permit # _____

Well Permit Application
Ravalli County Environmental Health (RCEH)

(Please complete and leave with the RCEH office or schedule a meeting with a RCEH sanitarian for assistance)

Owners Name: _____ Phone: _____ (required)

Owners Address _____

Address of Site: _____

Licensed Well Driller: _____

Tax ID # _____ Geocode # 13- _____ - _____ - _____ - _____

General Area: _____ Location: Section _____, T _____ N/S R _____ W

Certificate of Survey: # _____ Parcel/Tract # _____ OR

Subdivision Name: _____

Plat # _____ Block: _____ Lot #: _____ Size of Parcel: _____ File #: _____

Separation Adequate For: (info provided by applicant)	YES	NO
Drainfields > 100 feet		
Septic tanks, sewer lines > 50 feet if individual or shared (1-2 homes or connections) > 100 feet for multiple user (3 or more homes or connections) or public well (15 connections or more than 25 people)		
Floodplain > 10 feet		
Surface Water > 100 feet		
Property Lines, Buildings > 10 feet		

Special Conditions and Other Information	YES	NO
Sanitary Restrictions		
Any Existing Systems?		
Upgrade Required?		
Inside or near Floodplain?		

Type of System to be Installed: New _____ Replacement _____

System: _____ Residential Gal/Day: _____

_____ Commercial Use: _____ Gal/Day: _____

From plat approval _____ (well must be installed in location specified by the approval as shown on reverse of this permit)

Special Conditions: _____

The system does not meet minimum standards for subdivision and may limit ability of the owner to subdivide the property. YES _____ (Explain): _____

As purchaser of this permit, I agree to comply with all requirements for installation as described in the county and state rules and regulations and any permit conditions. I certify that the use of this property for which this permit is issued does not violate any terms and conditions of any zoning, floodplain, or restrictive covenant. This permit is valid for twelve (12) months from date of purchase. A copy of this permit is to be on site at all times during construction and inspection of the system.

Permit Purchaser: _____ Date: _____

Health Authority: _____ Date: _____

Fees must be paid to the RCEH before a permit is issued – See Fee Schedule

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Well Permit Report

Name of Owner: _____

Legal Address/Location: _____

Certified Installer: _____

Method used for nonsignificance determination pursuant to Water Quality Act and ARM 17.30. 701 et al:

Provide drawing of system on this sheet, include legend and scale and show separation distances to wells, suction lines, cisterns, roadcuts, escarpments, slopes greater than 25%, property boundaries, subsurface drains, septic tanks, sewer lines, drainfields, sand mounds, foundation walls, surface water, springs, floodplains.

North ↑

After the well is drilled, please provide a copy of the well log to:

RCEH, 215 South 4th - Suite D, Hamilton, MT 59840, (406)375-6565, FAX (406)375-6566

Installation Inspected: Approved: _____; Disapproved: _____

Corrections necessary: _____

Inspection Witnessed by: _____

Deficiencies Corrected: Yes _____; No _____

Health Authority: _____ Date: _____